

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Wilkes, Doreen L**

Printed Name(s) of Debtor(s)

**X /s/ Doreen L Wilkes**

Signature of Debtor

**9/04/2008**

Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

<b>United States Bankruptcy Court Northern District of Illinois</b>						<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Wilkes, Doreen L</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>2227</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>1141 Williamsburg Rd Country Club Hills, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):			
ZIPCODE <b>60478-5514</b>				ZIPCODE			
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE	
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Wilkes, Doreen L</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <b>X /s/ Troy L Gleason</b> <b>9/04/08</b> Signature of Attorney for Debtor(s) Date	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord or lessor that obtained judgment)  _____ (Address of landlord or lessor)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition  
(This page must be completed and filed in every case)

Name of Debtor(s):  
Wilkes, Doreen L

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Doreen L Wilkes  
Signature of Debtor Doreen L Wilkes

X  
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

September 4, 2008  
Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  
(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X  
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney\*

X /s/ Troy L Gleason  
Signature of Attorney for Debtor(s)

Troy L Gleason 6276510  
Printed Name of Attorney for Debtor(s)

Gleason & Gleason  
Firm Name

77 W Washington, Ste 1218  
Address

Chicago, IL 60602

(312) 578-9530  
Telephone Number

September 4, 2008  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X  
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

X  
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  
A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

IN RE:

Case No. \_\_\_\_\_

Wilkes, Doreen L

Chapter 13

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Doreen L Wilkes

Date: September 4, 2008

IN RE:

Case No. \_\_\_\_\_

Wilkes, Doreen L

Chapter 13

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 112,500.00		
B - Personal Property	Yes	3	\$ 17,100.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 87,998.71	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 3,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		\$ 13,792.83	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 2,437.50
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 1,746.39
TOTAL		16	\$ 129,600.00	\$ 104,791.54	

IN RE:

Case No. \_\_\_\_\_

Wilkes, Doreen L

Chapter 13

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 3,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 3,000.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 2,437.50
Average Expenses (from Schedule J, Line 18)	\$ 1,746.39
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 0.00

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 2,947.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 3,000.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 13,792.83
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 16,739.83





IN RE Wilkes, Doreen L

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	<b>Checking Account</b>		<b>100.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.				
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece</b>		<b>1,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<b>Clothing</b>		<b>250.00</b>
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Term life - through work - No cash surrender value</b>		<b>0.00</b>
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>Retirement</b>		<b>10,000.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Wilkes, Doreen L

Case No.

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY  
(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>04 Toyota Camry</b>		<b>5,750.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			

IN RE Wilkes, Doreen L

Debtor(s)

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>17,100.00</b>

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
 

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

(Check one box)
 

☐ 11 U.S.C. § 522(b)(2)
 ☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b>SCHEDULE A - REAL PROPERTY</b>			
Residence at: 1141 Williamsburg Rd Country Club Hills, IL 60478-5514	735 ILCS 5 §12-901	15,000.00	112,500.00
<b>SCHEDULE B - PERSONAL PROPERTY</b>			
Checking Account	735 ILCS 5 §12-1001(b)	100.00	100.00
Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	1,000.00	1,000.00
Retirement	735 ILCS 5 §12-1006(a)	10,000.00	10,000.00
04 Toyota Camry	735 ILCS 5 §12-1001(c)	2,400.00	5,750.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 2013664 Carrington Mortgage Se 1610 E Saint Andrew Pl # B150 Santa Ana, CA 92705-4931		Mortgage account opened 1/05 PMSI Residence at: 1141 Williamsburg Rd Country Club Hills, IL 60478-5514  VALUE \$ 112,500.00				67,095.00	
ACCOUNT NO. Dorothy Hork		2nd Mortgage on Residence at: 1141 Williamsburg Rd Country Club Hills, IL 60478-5514  VALUE \$ 112,500.00				11,656.71	
ACCOUNT NO. 1141 williamsburg rd Provincetown Improvement Assoc 4000 Provincetown Dr Country Club Hills, IL 60478-5553		Past due assoc fees  VALUE \$ 112,500.00				550.00	
ACCOUNT NO. 70400462637090001 Toyota Motor Credit Co 1111 W 22nd St Ste 420 Oak Brook, IL 60523-7404		Installment account opened 4/04 PMSI on 04 Toyota Camry  VALUE \$ 5,750.00				8,697.00	2,947.00
Subtotal (Total of this page)						\$ 87,998.71	\$ 2,947.00
Total (Use only on last page)						\$ 87,998.71	\$ 2,947.00

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☒ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

IN RE Wilkes, Doreen L

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)****Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>Illinois Department Of Revenue Bankruptcy Section Level 7-425 100 W Randolph St Chicago, IL 60601-3218</b>		<b>Taxes</b>				<b>3,000.00</b>	<b>3,000.00</b>	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								

Sheet no. 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal  
(Totals of this page)\$ **3,000.00** \$ **3,000.00** \$

Total

\$ **3,000.00**

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

Total

(Use only on last page of the completed Schedule E. If applicable,  
report also on the Statistical Summary of Certain Liabilities and Related Data.)\$ **3,000.00** \$



SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3495222271 Acs/college Loan Corp PO Box 7051 Utica, NY 13504-7051		Installment account opened 10/05				1,295.00
ACCOUNT NO. 08M1-126781 American General Finan 20 N Clark St Chicago, IL 60602-4109		Lawsuit				1,253.00
ACCOUNT NO. American General Financial C/O Laura Hrisko 20 N Clark St Ste 2600 Chicago, IL 60602-5106		Assignee or other notification for: American General Finan				
ACCOUNT NO. Check N Go - Corporate Attn Bankruptcy 5155 Financial Way Mason, OH 45040-7447		Loan				1,200.00

3 continuation sheets attached	Subtotal (Total of this page)	\$ 3,748.00
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	Total	\$

IN RE Wilkes, Doreen L

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Check N Go</b> <b>4102 183rd St</b> <b>Country Club Hills, IL 60478-5309</b>		<b>Assignee or other notification for:</b> <b>Check N Go - Corporate</b>				
ACCOUNT NO. <b>471556000</b> <b>Com Ed</b> <b>Customer Care Center</b> <b>PO Box 805379</b> <b>Chicago, IL 60680-5379</b>		<b>Utility or Cellular Use</b>				<b>261.83</b>
ACCOUNT NO. <b>6011-3800-0918-3310</b> <b>Direct Merchant's Bank</b> <b>PO Box 17313</b> <b>Baltimore, MD 21297</b>		<b>Collections</b>				<b>810.00</b>
ACCOUNT NO. <b>07M1-161512</b> <b>Erin Capital Management</b> <b>C/O Blatt Hasenmiller</b> <b>125 S Wacker Dr Ste 400</b> <b>Chicago, IL 60606-4440</b>		<b>Lawsuit</b>				<b>3,035.00</b>
ACCOUNT NO. <b>Fast Cash USA</b> <b>3921 Sauk Trl</b> <b>Richton Park, IL 60471-1339</b>		<b>Loan</b>				<b>400.00</b>
ACCOUNT NO. <b>885-20</b> <b>First Choice Loans</b> <b>407 W Lincoln Hwy</b> <b>Chicago Heights, IL 60411</b>		<b>Loan</b>				<b>650.00</b>
ACCOUNT NO. <b>06SC2716</b> <b>Hollywood Casino Aurora</b> <b>C/O Steven Titiner</b> <b>1700 N Farnsworth Ave</b> <b>Aurora, IL 60505-1523</b>		<b>Judgment</b>				<b>2,000.00</b>

Sheet no. 1 of 3 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **7,156.83**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Wilkes, Doreen L

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5155-9700-1936-9426</b> <b>HSBC NV</b> <b>PO Box 19360</b> <b>Portland, OR 97280-0360</b>		<b>Collections</b>				<b>1,071.00</b>
ACCOUNT NO. <b>Arrow Financial Services</b> <b>5996 W Touhy Ave</b> <b>Niles, IL 60714-4610</b>		<b>Assignee or other notification for:</b> <b>HSBC NV</b>				
ACCOUNT NO. <b>CCB Credit Services</b> <b>PO Box 272</b> <b>Springfield, IL 62705-0272</b>		<b>Assignee or other notification for:</b> <b>HSBC NV</b>				
ACCOUNT NO. <b>Internal Revenue Service</b> <b>Centralized Insolvency Operations</b> <b>PO Box 21126</b> <b>Philadelphia, PA 19114-0326</b>						<b>1.00</b>
ACCOUNT NO. <b>Med1 02 Advocate South Suburban Hosp</b>						<b>270.00</b>
ACCOUNT NO. <b>Harris</b> <b>600 W Jackson Blvd</b> <b>Chicago, IL 60661-5636</b>		<b>Assignee or other notification for:</b> <b>Med1 02 Advocate South Suburban Hosp</b>				
ACCOUNT NO. <b>55626</b> <b>Nicor Gas</b> <b>1844 W Ferry Rd</b> <b>Naperville, IL 60563-9662</b>		<b>Open account opened 9/06</b>				<b>341.00</b>

Sheet no. 2 of 3 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,683.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Wilkes, Doreen L

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Norma Hannah</b> <b>523 Antitan</b> <b>Park Forest, IL 60466</b>						<b>600.00</b>
ACCOUNT NO. <b>9008634981</b> <b>Western Intl Unv Onlin</b> <b>4615 E Elwood St Fl 3</b> <b>Phoenix, AZ 85040-1958</b>		<b>Open account opened 8/05</b>				<b>605.00</b>
ACCOUNT NO. <b>Account Control Technology</b> <b>6918 Owensmouth Ave</b> <b>PO Box 8012</b> <b>Canoga Park, CA 91309-8012</b>		<b>Assignee or other notification for:</b> <b>Western Intl Unv Onlin</b>				
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. **3** of **3** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,205.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)Total  
\$ **13,792.83**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status <b>Single</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer	<b>Secretary</b> <b>Country Club Hills School Dist</b> <b>8 years</b> <b>4411 189th St</b> <b>Country Club Hills, IL 60478</b>	

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>3,250.00</b>	\$
2. Estimated monthly overtime	\$	\$
<b>3. SUBTOTAL</b>	<b>\$ 3,250.00</b>	
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <b>812.50</b>	\$
b. Insurance	\$	\$
c. Union dues	\$	\$
d. Other (specify)	\$	\$
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 812.50</b>	
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 2,437.50</b>	
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
8. Income from real property	\$	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social Security or other government assistance (Specify)	\$	\$
12. Pension or retirement income	\$	\$
13. Other monthly income (Specify)	\$	\$
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>		
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 2,437.50</b>	
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 2,437.50</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 658.39
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 120.00
b. Water and sewer	\$
c. Telephone	\$ 50.00
d. Other	\$
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 350.00
5. Clothing	\$ 50.00
6. Laundry and dry cleaning	\$ 20.00
7. Medical and dental expenses	\$ 20.00
8. Transportation (not including car payments)	\$ 200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$ 58.00
b. Life	\$
c. Health	\$
d. Auto	\$ 100.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other Association Dues	\$ 120.00
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 1,746.39

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 2,437.50
b. Average monthly expenses from Line 18 above	\$ 1,746.39
c. Monthly net income (a. minus b.)	\$ 691.11



IN RE Wilkes, Doreen L

Debtor(s)

Case No.

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **September 4, 2008**

Signature: **/s/ Doreen L Wilkes**  
**Doreen L Wilkes**

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

Wilkes, Doreen L

Chapter 13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE  
0.00 2008 income from employment (monthly) - need  
0.00 2007 income from employment - need  
0.00 2006 income from employment - need

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☐ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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Carrington Mortgage

Last 3 months

1,975.00

67,095.00

None ☐ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

##### CAPTION OF SUIT

AND CASE NUMBER

American General v Wilkes  
08M1-126781

##### NATURE OF PROCEEDING

Civil

##### COURT OR AGENCY

AND LOCATION

Cook

##### STATUS OR

DISPOSITION

Pending

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602DATE OF PAYMENT, NAME OF  
PAYOR IF OTHER THAN DEBTORAMOUNT OF MONEY OR DESCRIPTION  
AND VALUE OF PROPERTY

#### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: September 4, 2008 Signature /s/ Doreen L Wilkes  
of Debtor **Doreen L Wilkes**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

Wilkes, Doreen L

Chapter 13

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 24

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 4, 2008

/s/ Doreen L Wilkes

Debtor

\_\_\_\_\_  
Joint Debtor

Wilkes, Doreen L  
1141 Williamsburg Rd  
Country Club Hills, IL 60478-5514

Check N Go - Corporate  
Attn Bankruptcy  
5155 Financial Way  
Mason, OH 45040-7447

Internal Revenue Service  
Centralized Insolvency Operations  
PO Box 21126  
Philadelphia, PA 19114-0326

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Com Ed  
Customer Care Center  
PO Box 805379  
Chicago, IL 60680-5379

Nicor Gas  
1844 W Ferry Rd  
Naperville, IL 60563-9662

Account Control Technology  
6918 Owensmouth Ave  
PO Box 8012  
Canoga Park, CA 91309-8012

Direct Merchant's Bank  
PO Box 17313  
Baltimore, MD 21297

Norma Hannah  
523 Antitan  
Park Forest, IL 60466

Acs/college Loan Corp  
PO Box 7051  
Utica, NY 13504-7051

Erin Capital Management  
C/O Blatt Hasenmiller  
125 S Wacker Dr Ste 400  
Chicago, IL 60606-4440

Provincetown Improvement Assoc  
4000 Provincetown Dr  
Country Club Hills, IL 60478-5553

American General Finan  
20 N Clark St  
Chicago, IL 60602-4109

Fast Cash USA  
3921 Sauk Trl  
Richton Park, IL 60471-1339

Toyota Motor Credit Co  
1111 W 22nd St Ste 420  
Oak Brook, IL 60523-7404

American General Financial  
C/O Laura Hrisco  
20 N Clark St Ste 2600  
Chicago, IL 60602-5106

First Choice Loans  
407 W Lincoln Hwy  
Chicago Heights, IL 60411

Western Intl Unv Onlin  
4615 E Elwood St Fl 3  
Phoenix, AZ 85040-1958

Arrow Financial Services  
5996 W Touhy Ave  
Niles, IL 60714-4610

Harris  
600 W Jackson Blvd  
Chicago, IL 60661-5636

Carrington Mortgage Se  
1610 E Saint Andrew Pl # B150  
Santa Ana, CA 92705-4931

Hollywood Casino Aurora  
C/O Steven Titiner  
1700 N Farnsworth Ave  
Aurora, IL 60505-1523

CCB Credit Services  
PO Box 272  
Springfield, IL 62705-0272

HSBC NV  
PO Box 19360  
Portland, OR 97280-0360

Check N Go  
4102 183rd St  
Country Club Hills, IL 60478-5309

Illinois Department Of Revenue  
Bankruptcy Section Level 7-425  
100 W Randolph St  
Chicago, IL 60601-3218

IN RE:

Case No. \_\_\_\_\_

Wilkes, Doreen L

Chapter 13

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **3,395.00**

Prior to the filing of this statement I have received ..... \$ \_\_\_\_\_

Balance Due ..... \$ **3,395.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**September 4, 2008**

Date

**/s/ Troy L Gleason**

Signature of Attorney

**Gleason & Gleason**

Name of Law Firm



FUNCTION? PRINT ON [S]CREEN, [P]RINTER, [E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES

CHECK # 069027 ENTER CHECK# OR ? FOR LOOKUP , DOREEN L

CHECK DATE 8/08/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,465.46

LESS

FIT 57.57 FIT - FIXED W/H

0.00 ADDL W/H 0.00

SIT 39.43 SIT - ADDL W/H

0.00

FICA 90.36

MEDICARE 21.13

PENSION

TRS 0.00

IMRF 65.95

VOL DEDS 8.00

EIC 0.00

=====

NET 1,183.02

ND=DISTRIBUTION, V=VOL DEDS, B=BD CONTRIBUTIONS, H=HOURS, A=ALL, E=EXIT -

FUNCTION? PRINT ON [S]CREEN, [P]RINTER, [E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 068920 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 7/25/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,465.46

LESS

FIT 57.57 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 39.43 SIT - ADDL W/H 0.00

FICA 90.36

MEDICARE 21.13

PENSION

TRS 0.00

IMRF 65.95

VOL DEBS 8.00

EIC 0.00

=====

NET 1,183.02

ND=DISTRIBUTION, U=VOL DEBS, B=BD CONTRIBUTIONS, H=HOURS, A=ALL, E=EXIT -

FUNCTION? PRINT ON [S]CREEN, [P]RINTER, [E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 068784 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 7/11/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,099.12

LESS

FIT 13.20 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 28.94 SIT - ADDL W/H 0.00

FICA 67.65

MEDICARE 15.82

PENSION

TRS 0.00

IMRF 49.46

VOL DEDS 8.00

EIC 0.00

=====

NET 916.05

ND=DISTRIBUTION, V=VOL DEDS, B=BD CONTRIBUTIONS, H=HOURS, A=ALL, E=EXIT -

FUNCTION? PRINT ON [S]CREEN, [P]RINTER, [E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 068603 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 6/04/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,392.18

LESS

FIT 47.08 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 37.33 SIT - ADDL W/H 0.00

FICA 85.82

MEDICARE 20.07

PENSION

TRS 0.00

IMRF 62.65

VOL DEBS 69.89

EIC 0.00

=====

NET 1,069.34

ND=DISTRIBUTION, U=VOL DEBS, B=BD CONTRIBUTIONS, H=HOURS, A=ALL, E=EXIT -

FUNCTION? PRINT ON [S]CREEN, [P]RINTER, [E]ND P

DISTRICT # 160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 068281 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 6/04/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,465.46

LESS

FIT 57.57 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 39.43 SIT - ADDL W/H 0.00

FICA 90.36

MEDICARE 21.13

PENSION

TRS 0.00

IMRF 65.95

VOL DEDS 8.00

EIC 0.00

=====

1,183.02

D=DISTRIBUTION, U=VOL DEDS, B=BD CONTRIBUTIONS, H=HOURS, A=ALL, E=EXIT -

FUNCTION? PRINT ON [S]CREEN, [P]RINTER, [E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 067879 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 5/30/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,465.46

LESS

FIT 58.77 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 39.67 SIT - ADDL W/H 0.00

FICA 90.86

MEDICARE 21.25

PENSION

TRS 0.00

IMAF 65.95

VOL DEBS 219.82

EIC 0.00

=====

NET 969.14

NO-DISTRIBUTION, U=VOL DEBS, B=BD CONTRIBUTIONS, H=HOURS, A=ALL, E=EXIT -

FUNCTION? PRINT ON [S]CREEN,[P]RINTER, [E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 067624 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 5/16/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,465.46

LESS

FIT 57.57 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 39.43 SIT - ADDL W/H 0.00

FICA 90.36

MEDICARE 21.13

PENSION

TRS 0.00

IMRF 65.95

VOL DEBS 227.82

EIC 0.00

=====

NET 963.20

ND=DISTRIBUTION,U=VOL DEBS,B=BD CONTRIBUTIONS,H=HOURS,A=ALL,E=EXIT -

FUNCTION? PRINT ON [S]CREEN,[P]RINTER, [E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 067366 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 5/02/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,465.46

LESS

FIT 57.57 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 39.43 SIT - ADDL W/H 0.00

FICA 90.36

MEDICARE 21.13

PENSION

TRS 0.00

IMRF 65.95

VOL DEBS 227.82

EIC 0.00

=====

NET 963.20

NO=DISTRIBUTION,U=VOL DEBS,B=BD CONTRIBUTIONS,H=HOURS,A=ALL,E=EXIT -



FUNCTION? PRINT ON [S]CREEN,[P]RINTER,[E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 067134 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 4/18/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,465.46

LESS

FIT 57.57 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 39.43 SIT - ADDL W/H 0.00

FICA 90.36

MEDICARE 21.13

PENSION

TAS 0.00

IMRF 65.95

VOL DEBS 227.82

EIC 0.00

=====

NET 963.20

ND=DISTRIBUTION,U=VOL DEBS,B=BO CONTRIBUTIONS,H=HOURS,A=ALL,E=EXIT -

FUNCTION? PRINT ON [S]CREEN,[P]RINTER,[E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 066879 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 4/04/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,465.46

LESS

FIT 57.57 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 39.43 SIT - ADDL W/H 0.00

FICA 90.36

MEDICARE 21.13

PENSION

TAS 0.00

IMAF 65.95

VOL DEBS 227.82

EIC 0.00

=====

NET 963.28

ND=DISTRIBUTION,U=VOL DEBS,B=BD CONTRIBUTIONS,H=HOURS,A=ALL,E=EXIT -

FUNCTION? PRINT ON [S]CREEN, [P]RINTER, [E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 066616 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 3/20/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,465.46

LESS

FIT 57.57 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 39.43 SIT - ADDL W/H 0.00

FICA 90.36

MEDICARE 21.13

PENSION

TAS 0.00

IMRF 65.95

VOL DEBS 8.00

EIC 0.00

=====

NET 1,183.02

ND=DISTRIBUTION, U=VOL DEBS, B=BD CONTRIBUTIONS, H=HOURS, A=ALL, E=EXIT -

FUNCTION? PRINT ON [S]CREEN,[P]RINTER, [E]NO P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 066352 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 3/07/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK A

GROSS 1,465.46

LESS

FIT 57.57 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 39.43 SIT - ADDL W/H 0.00

FICA 90.36

MEDICARE 21.13

PENSION

TRS 0.00

IMAF 65.95

VOL DEBS 8.00

EIC 0.00

=====

NET 1,183.02

NO=DISTRIBUTION,U=VOL DEBS,B=BD CONTRIBUTIONS,H=HOURS,A=ALL,E=EXIT -

FUNCTION? PRINT ON [S]CREEN,[P]RINTER, [E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 066076 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 2/22/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,465.46

LESS

FIT 57.57 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 39.43 SIT - ADDL W/H 0.00

FICA 90.36

MEDICARE 21.13

PENSION

TAS 0.00

IMRF 65.95

VOL DEDS 8.00

EIC 0.00

=====

NET 1,183.02

NO-DISTRIBUTION,U=VOL DEDS,B=BD CONTRIBUTIONS,H=HOURS,A=ALL,E=EXIT -

FUNCTION? PRINT ON [S]CREEN,[P]RINTER, [E]ND P

DISTRICT # 0160 ENTER DIST# OR E TO EXIT

EMPLOYEE # 349522227 WILKES , DOREEN L

CHECK # 065801 ENTER CHECK# OR ? FOR LOOKUP

=====

CHECK DATE 2/08/2008 &lt;&lt;&lt;== DATA AS OF THIS CHECK DATE

TYPE OF CHECK R

GROSS 1,465.46

LESS

FIT 57.57 FIT - FIXED W/H 0.00 ADDL W/H 0.00

SIT 39.43 SIT - ADDL W/H 0.00

FICA 90.36

MEDICARE 21.13

PENSION

TRS 0.00

IMRF 65.95

VOL DEBS 8.00

ETC 0.00

=====

NET 1,183.02

ND=DISTRIBUTION,U=VOL DEBS,B=BD CONTRIBUTIONS,H=HOURS,A=ALL,E=EXIT -

Form 1040 U.S. Individual Income Tax Return 2004		(99) IRS Use Only — Do not write or staple in this space.	
<b>Label</b> (See instructions.)		<b>OMB No. 1545-0074</b>	
<b>Use the IRS label.</b> Otherwise, please print or type.		<b>Important!</b> You must enter your social security number(s) above.	
<b>Presidential Election Campaign</b> (See instructions.)		<b>Note:</b> Checking 'Yes' will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Filing Status</b>		<b>Head of household (with qualifying person).</b> (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.	
1 <input type="checkbox"/> Single		4 <input checked="" type="checkbox"/> Head of household (with qualifying person).	
2 <input type="checkbox"/> Married filing jointly (even if only one had income)		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here.			
<b>Exemptions</b>		<b>Boxes checked on 6a and 6b</b>	
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a		1	
6b <input type="checkbox"/> Spouse		2	
<b>c Dependents:</b>		<b>(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)</b>	
(1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you
DANIELLE DUCKLEY		349-64-8661	Child
JAYLAN M WILKES		360-88-1528	SON
If more than four dependents, see instructions.		<b>Dependents on 6c not entered above</b>	
d Total number of exemptions claimed		3	
<b>Income</b>		<b>7</b> 27,319.	
7 Wages, salaries, tips, etc. Attach Form(s) W-2		8a	
8a Taxable interest. Attach Schedule B if required		8b	
b Tax-exempt interest. Do not include on line 8a		9a	
9a Ordinary dividends. Attach Schedule B if required		9b	
b Qualified divs (see instrs)		10	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)		11	
11 Alimony received		12	
12 Business income or (loss). Attach Schedule C or C-EZ		13	
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here		14	
14 Other gains or (losses). Attach Form 4797		15a	
15a IRA distributions		b Taxable amount (see instrs)	
16a Pensions and annuities		b Taxable amount (see instrs)	
16a		17	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		18	
18 Farm income or (loss). Attach Schedule F		19	
19 Unemployment compensation		20a	
20a Social security benefits		b Taxable amount (see instrs)	
21 Other income FORM W-2G		21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income		22	
23 Educator expenses (see instructions)		23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24	
25 IRA deduction (see instructions)		25	
26 Student loan interest deduction (see instructions)		26	
27 Tuition and fees deduction (see instructions)		27	
28 Health savings account deduction. Attach Form 8889		28	
29 Moving expenses. Attach Form 3903		29	
30 One-half of self-employment tax. Attach Schedule SE		30	
31 Self-employed health insurance deduction (see instrs)		31	
32 Self-employed SEP, SIMPLE, and qualified plans		32	
33 Penalty on early withdrawal of savings		33	
34a Alimony paid b Recipient's SSN		34a	
35 Add lines 23 through 34a		35	
36 Subtract line 35 from line 22. This is your adjusted gross income		36	
<b>Adjusted Gross Income</b>		86,935.	
BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.			

Form 1040 (2004)

DOREEN L WILKES

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Page 2

**Tax and Credits****Standard Deduction for —**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	86,935.
38a	Check <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 38a		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 38b		
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	73,102.
40	Subtract line 39 from line 37	40	13,833.
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions	41	9,300.
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	4,533.
43	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	453.
44	Alternative minimum tax (see instructions). Attach Form 6251	44	
45	Add lines 43 and 44	45	453.
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	400.
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	400.
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	53.
57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 56-61. This is your total tax	62	53.
63	Federal income tax withheld from Forms W-2 and 1099	63	2,883.
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election <input type="checkbox"/> 65b		
66	Excess social security and tier 1 RRTA tax withheld (see instructions)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see instructions)	68	
69	Other pmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	2,883.
71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	2,830.
72a	Amount of line 71 you want refunded to you	72a	2,830.
b	Routing number 071000013 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4291522		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	
74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions	74	
75	Estimated tax penalty (see instructions)	75	

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions and fill in 72b, 72c, and 72d.

**Amount You Owe****Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Preparer's name: Doreen L. Wilkes Date: 2/10/05 Your occupation: CLERICAL Daytime phone number: \_\_\_\_\_

Spouse's signature, if a joint return, both must sign. Date: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: 02/10/2005 Check if self-employed ☒ Preparer's SSN or PTIN: P00003853

Firm's name (or yours if self-employed): LINETTA M. JEFFERSON EIN: \_\_\_\_\_

Address and ZIP code: 3209 HENDRICKS ROAD ROBBINS IL 60472 Phone no.: \_\_\_\_\_



Document

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Department of the Treasury — Internal Revenue Service

Form **1040****U.S. Individual Income Tax Return 2005**

(99) IRS Use Only — Do not write or staple in this space.

Label  
(See instructions.)Use the  
IRS label.  
Otherwise,  
please print  
or type.Presidential  
Election  
Campaign

For the year Jan 1 - Dec 31, 2005, or other tax year beginning , 2005, ending , 20		OMB No. 1545-0074
Your first name <b>DOREEN</b>	MI Last name <b>L WILKES</b>	Your social security number <b>349-52-2227</b>
If a joint return, spouse's first name MI Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. <b>1141 WILLIAMSBURG RD</b>		Apartment no.
City, town or post office. If you have a foreign address, see instructions. <b>COUNTRY CLUB HILLS</b>		State ZIP code <b>IL 60478-5514</b>
You must enter your social security number(s) above. ▲		
Checking a box below will not change your tax or refund.		

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) ☒ You ☐ Spouse**Filing Status**

- 1 ☐ Single  
2 ☐ Married filing jointly (even if only one had income)  
3 ☐ Married filing separately. Enter spouse's SSN above & full name here . . .  
4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . . .  
5 ☐ Qualifying widow(er) with dependent child (see instructions)

Check only one box.

**Exemptions**

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .				Boxes checked on 6a and 6b . . . . .
b <input type="checkbox"/> Spouse . . . . .				1
c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
(1) First name	Last name			
<b>DANIELLE DUCKLEY</b>		<b>349-64-8661</b>	<b>Child</b>	<input type="checkbox"/>
<b>JAYLAN M WILKES</b>		<b>360-88-1528</b>	<b>SON</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
d Total number of exemptions claimed . . . . .				3

If more than four dependents, see instructions.

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	31,420.
8a Taxable interest. Attach Schedule B if required . . . . .	8a	
b Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b Qualified divs (see instrs) . . . . .	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) . . . . .	10	
11 Alimony received . . . . .	11	
12 Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here . . . . .	13	
14 Other gains or (losses). Attach Form 4797 . . . . .	14	
15a IRA distributions . . . . .	15a	
b Taxable amount (see instrs) . . . . .	15b	
16a Pensions and annuities . . . . .	16a	
b Taxable amount (see instrs) . . . . .	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	17	
18 Farm income or (loss). Attach Schedule F . . . . .	18	
19 Unemployment compensation . . . . .	19	
20a Social security benefits . . . . .	20a	
b Taxable amount (see instrs) . . . . .	20b	
21 Other income <b>FORM W-2G</b> . . . . .	21	69,405.
22 Add the amounts in the far right column for lines 7 through 21. This is your total income . . . . .	22	100,825.

**Adjusted Gross Income**

23 Educator expenses (see instructions) . . . . .	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25 Health savings account deduction. Attach Form 8889 . . . . .	25	
26 Moving expenses. Attach Form 3903 . . . . .	26	
27 One-half of self-employment tax. Attach Schedule SE . . . . .	27	
28 Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29 Self-employed health insurance deduction (see instructions) . . . . .	29	
30 Penalty on early withdrawal of savings . . . . .	30	
31a Alimony paid b Recipient's SSN . . . . .	31a	
32 IRA deduction (see instructions) . . . . .	32	
33 Student loan interest deduction (see instructions) . . . . .	33	
34 Tuition and fees deduction (see instructions) . . . . .	34	
35 Domestic production activities deduction. Attach Form 8803 . . . . .	35	
36 Add lines 23 - 31a and 32 - 35 . . . . .	36	
37 Subtract line 36 from line 22. This is your adjusted gross income . . . . .	37	100,825.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 11/07/05

Form 1040 (2005)

Form 1040 (2005)

DOREEN L WILKES

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Page 2

**Tax and Credits****Standard Deduction for**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	100,825.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	85,627.
41	Subtract line 40 from line 38	41	15,198.
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	9,600.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	5,598.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	558.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	558.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see instructions). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	558.
58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57-62. This is your total tax	63	558.
64	Federal income tax withheld from Forms W-2 and 1099	64	2,592.
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 66a		
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see instructions)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	2,592.
72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	2,034.
73a	Amount of line 72 you want refunded to you	73a	2,034.
b	Routing number <input type="checkbox"/> 071000013 <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/> 4291522		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	
75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions	75	
76	Estimated tax penalty (see instructions)	76	

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

**Amount You Owe****Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name ☐ Phone no. ☐ Personal identification number (PIN) ☐

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		CLERICAL	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature ☐ Date ☐ 01/30/2006 Check if self-employed ☒ Preparer's SSN or PTIN ☐ P00003853

Firm's name (or yours if self-employed) address, and ZIP code ☐ LINNETTA M. JEFFERSON ☐ 3209 HENDRICKS ROAD ☐ ROBBINS ☐ IL 60472 ☐ EIN ☐ Phone no.

Form 1040 (2005)

Form 1040 U.S. Individual Income Tax Return 2006		(99) IRS Use Only — Do not write or staple in this space.	
<b>Label</b> (See instructions.)  <b>Use the IRS label.</b> Otherwise, please print or type.  <b>Presidential Election Campaign</b>		For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, ending , 20 OMB No. 1545-0074 Your social security number 349-52-2227 Spouse's social security number You must enter your social security number(s) above. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Your first name MI Last name DOREEN L WILKES If a joint return, spouse's first name MI Last name Home address (number and street). If you have a P.O. box, see instructions. Apartment no. 1141 WILLIAMSBURG RD City, town or post office. If you have a foreign address, see instructions. State ZIP code COUNTRY CLUB HILLS IL 60478-5514			
<b>Filing Status</b> 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here . 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)			
<b>Exemptions</b> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs) JAYLAN M WILKES 360-88-1528 SON <input checked="" type="checkbox"/> If more than four dependents, see instructions. d Total number of exemptions claimed 2		Boxes checked on 6a and 6b 1 No. of children on 6c who: • lived with you 1 • did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above 2	
<b>Income</b> 7 Wages, salaries, tips, etc. Attach Form(s) W-2 36,822. 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends (see instrs) 9b 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount (see instrs) 15b 16a Pensions and annuities 16a b Taxable amount (see instrs) 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount (see instrs) 20b 21 Other income FORM W-2G 21 8,406. 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 45,228.			
<b>Adjusted Gross Income</b> 23 Archer MSA deduction. Attach Form 8853 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 One-half of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction (see instructions) 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see instructions) 32 33 Student loan interest deduction (see instructions) 33 34 Jury duty pay you gave to your employer 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 - 31a and 32 - 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37 45,228.			

Form 1040 (2006)

DOREEN L WILKES

**Tax and Credits****Standard Deduction for —**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	38	45,228.
39a	Check if: <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked <b>39a</b>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	23,016.
41	Subtract line 40 from line 38	41	22,212.
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	6,600.
43	Taxable income. Subtract line 42 from line 41.	43	15,612.
44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	1,806.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	1,806.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see instructions). Attach Form 8801 if required	53	1,000.
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	1,000.
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	806.
58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57-62. This is your total tax	63	806.
64	Federal income tax withheld from Forms W-2 and 1099	64	1,901.
65	2006 estimated tax payments and amount applied from 2005 return	65	
66a	Earned income credit (EIC) No <input type="checkbox"/> Yes <input type="checkbox"/> b Nontaxable combat pay election <input type="checkbox"/> 66b	66a	
67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see instructions)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	40.
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	1,941.
73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	1,135.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> b Routing number 071000013 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	74a	1,135.
75	Amount of line 73 you want applied to your 2007 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

**Refund**

Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.

**Amount You Owe****Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

**Sign Here**

Joint return? See instructions.

Keep a copy for your records.

Preparer's signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed)		EIN	
Address, and ZIP code		Phone no.	

Form <b>1040</b>		U.S. Individual Income Tax Return <b>2007</b>		IRS Use Only — Do not write or staple in this space.	
<b>Label</b> (See instructions.)  <b>Use the IRS label.</b> Otherwise, please print or type.  <b>Presidential Election Campaign</b>		For the year Jan 1 - Dec 31, 2007, or other tax year beginning _____, 2007, ending _____, 20 Your first name <b>M</b> Last name <b>L Wilkes</b> If a joint return, spouse's first name <b>M</b> Last name _____ Home address (number and street). If you have a P.O. box, see instructions. <b>1141 Williamsburg Road</b> Apartment no. <b>Hse</b> City, town or post office. If you have a foreign address, see instructions. State <b>IL</b> ZIP code <b>60478</b> <b>Country Club Hills</b> <input checked="" type="checkbox"/> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)		OMB No. 1545-0074 Your social security number <b>349-52-2227</b> Spouse's social security number _____ You must enter your social security number(s) above. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
<b>Filing Status</b> Check only one box. 1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here. 4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)					
<b>Exemptions</b> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input type="checkbox"/> Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs) Jaylan M Wilkes 360-88-1528 Daughter Son <input checked="" type="checkbox"/> <input type="checkbox"/> If more than four dependents, see instructions. d Total number of exemptions claimed <b>2</b>		Boxes checked on 6a and 6b <b>1</b> No. of children on 6c who: • lived with you <b>1</b> • did not live with you due to divorce or separation (see instrs) <b>0</b> Dependents on 6c not entered above <b>0</b> Add numbers on lines above <b>2</b>			
<b>Income</b> Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.		7 Wages, salaries, tips, etc. Attach Form(s) W-2 <b>39,960.</b> 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a <b>8b</b> 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends (see instrs) <b>9b</b> 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions <b>15a</b> b Taxable amount (see instrs) <b>15b</b> 16a Pensions and annuities <b>16a</b> b Taxable amount (see instrs) <b>16b</b> 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits <b>20a</b> b Taxable amount (see instrs) <b>20b</b> 21 Other income <b>FORM W-2G</b> 22 Add the amounts in the far right column for lines 7 through 21. This is your total income <b>59,721.</b>			
<b>Adjusted Gross Income</b>		23 Educator expenses (see instructions) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 One-half of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction (see instructions) 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN <b>31a</b> 32 IRA deduction (see instructions) 33 Student loan interest deduction (see instructions) 34 Tuition and fees deduction. Attach Form 8917 35 Domestic production activities deduction. Attach Form 8803 36 Add lines 23 - 31a and 32 - 35 37 Subtract line 36 from line 22. This is your adjusted gross income <b>59,721.</b>			

Form 1040 (2007)	Doreen L Wilkes	Document	Page 54 of 56	2-2227	Page 2
<b>Tax and Credits</b>	38 Amount from line 37 (adjusted gross income) <b>59,721.</b>				
<b>Standard Deduction for —</b> • People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  • All others:  Single or Married filing separately, \$5,350  Married filing jointly or Qualifying widow(er), \$10,700  Head of household, \$7,850	39a Check if: <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <b>39a</b>				
	<input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. <b>39b</b>				
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here <b>39b</b>				
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) <b>38,834.</b>				
	41 Subtract line 40 from line 38 <b>20,887.</b>				
	42 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the instructions <b>6,800.</b>				
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- <b>14,087.</b>				
	44 Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889 <b>1,551.</b>				
	45 Alternative minimum tax (see instructions). Attach Form 6251 <b>1,551.</b>				
	46 Add lines 44 and 45 <b>1,551.</b>				
<b>Other Taxes</b>	47 Credit for child and dependent care expenses. Attach Form 2441 <b>47</b>				
	48 Credit for the elderly or the disabled. Attach Schedule R <b>48</b>				
	49 Education credits. Attach Form 8863 <b>49</b>				
	50 Residential energy credits. Attach Form 5695 <b>50</b>				
	51 Foreign tax credit. Attach Form 1116 if required <b>51</b>				
	52 Child tax credit (see instructions). Attach Form 8901 if required <b>52 1,000.</b>				
	53 Retirement savings contributions credit. Attach Form 8880 <b>53</b>				
	54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839 <b>54</b>				
	55 Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form <b>55</b>				
	56 Add lines 47 through 55. These are your total credits <b>1,000.</b>				
57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- <b>551.</b>					
<b>Payments</b>	58 Self-employment tax. Attach Schedule SE <b>58</b>				
	59 Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919 <b>59</b>				
	60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required <b>60</b>				
	61 Advance earned income credit payments from Form(s) W-2, box 9 <b>61</b>				
	62 Household employment taxes. Attach Schedule H <b>62</b>				
	63 Add lines 57-62. This is your total tax <b>63 551.</b>				
	64 Federal income tax withheld from Forms W-2 and 1099 <b>64 1,279.</b>				
	65 2007 estimated tax payments and amount applied from 2006 return <b>65</b>				
	66a Earned income credit (EIC) <b>66a</b>				
	b Nontaxable combat pay election <b>66b</b>				
67 Excess social security and tier 1 RRTA tax withheld (see instructions) <b>67</b>					
68 Additional child tax credit. Attach Form 8812 <b>68</b>					
69 Amount paid with request for extension to file (see instructions) <b>69</b>					
70 Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 <b>70</b>					
71 Refundable credit for prior year minimum tax from Form 8801, line 27 <b>71</b>					
72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments <b>72 1,279.</b>					
<b>Refund</b>	73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid <b>73 728.</b>				
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> <b>74a 728.</b>				
	b Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<b>Amount You Owe</b>	d Account number XXXXXXXXXXXXXXXXXXXX				
	75 Amount of line 73 you want applied to your 2008 estimated tax <b>75</b>				
	76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions <b>76</b>				
<b>Third Party Designee</b>	77 Estimated tax penalty (see instructions) <b>77</b>				
	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No				
	Designee's name _____ Phone no. _____ Personal identification number (PIN) _____				
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Your signature _____ Date _____ Your occupation <b>Clerk</b> Daytime phone number _____				
	Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation _____				
<b>Paid Preparer's Use Only</b>	Preparer's signature _____ Date <b>04/09/2008</b> Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN <b>318-34-8815</b>				
	Firm's name (or yours if self-employed) <b>MARTINS INCOME TAX LLC</b> EIN <b>42-1637770</b>				
	address, and ZIP code <b>9305 S. Kedzie Ave Evergreen Park IL 60805</b> Phone no. _____				

Form 1040 (2007)

Certificate Number: 00437-ILN-CC-004796515

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on August 29, 2008, at 4:23 o'clock PM MDT.

Doreen Wilkes received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by telephone.

Date: August 29, 2008

By /s/Linda Randolph for Torie Fields

Name Torie Fields

Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. \_\_\_\_\_

Wilkes, Doreen L

Debtor(s)

Chapter 13**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

**To Be Used When Filing over the Internet****PART I - DECLARATION OF PETITIONER**

A. To be completed in all cases.

Date: August 21, 2008

I (We) Doreen L Wilkes and \_\_\_\_\_, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I (we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I (we) consent to my (our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I (we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I (we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

- ☐ I (we) am (are) aware that I (we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I (we) understand the relief available under each such chapter; I (we) choose to proceed under chapter 7; and I (we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: \_\_\_\_\_

Doreen L Wilkes

(Debtor or Corporate Officer, Partner or Member)

Signature: \_\_\_\_\_

(Joint Debtor)